

Louisville-Jefferson County Metro Government AIR POLLUTION CONTROL DISTRICT

850 Barret Avenue, Louisville, Kentucky 40204-1745 (502) 574-6000 Fax: (502) 574-5607



STAGE I & STAGE II PERMIT APPLICATION

Facility Name:	Construction Permit	Operating Permit		
Street Address:	Responsible Party:	Responsible Party:		
City, State, Zip	Mailing			
Phone #:	Address:			
Manager:	City, State, Zip:	Address:City, State, Zip:		
Designated Facility	Construction			
Representative	Supv. Name:	Phone #:		
Phone #	Phone #:	_		
Cell Phone #	Cell Phone #:	_		
	l Dual point (Note			
II. Stage II vapor recovery and contro (Submit manufacturer's operating is	l system type and manufacturer:nstructions)			
1. The CARB Executive Order (E.O.) Number is		(Submit E.O. Document & Exhibits)		
2. P-V valve mfg. and model #				
3. The number of nozzles (only gasoline) is				
4. The nozzle mfg. and model number i	s			
5. The dispenser mfg. and model # is				
6. Construction or new ownership is s	cheduled to begin			
7. The construction is expected to end				
8. Preliminary test date				
9. Compliance test date				
10. Annual throughput of gasoline (gal	s)			

Tank Registration Number (KY)	Individual or Split Tank	Tank Capacity (gallons)	Fill Line Diameter (in)	Vapor Line Diameter (in)	Fiberglass or Steel	Drop Out Tank (Y or N) w/siphon line

All new construction mus	t be manifolded below ground and a sind	gle P/V valve.			
Applicant Name:	Applicant Signature:	Telephone #: _		Date: _	
Send Invoice to:	Address	City	State	Zip	

Note:

This permit application must be submitted no later than 30 days prior to installation or modification of the equipment.

The construction blueprint must be attached.

Manifolded: Above Ground _____ Below Ground ____

All drop-out tanks must have a siphon line installed.